

EX: #52

OCT 4 2022

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONSFOR OFFICIAL USE  
1000170  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR RMONDA HOUSE	FACILITY: FAYETTE	DATE: 9-30-22
FROM: (INMATE NAME & NUMBER) ANGEL MALDONADO #11S-6238	SIGNATURE OF INMATE: Angel Maldonado	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: J-D #12	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

SEPTEMBER 21, 2022 J. BRIGITTE SENT ME BY "INMATE DISABILITY ACCOMMODATIONS RESPONSE" AND BRING A MENTAL GRIEVANCE THAT I AM QUALIFIED AS A DISABILITY UNDER THE ADA BUT AM BEING DENIED MENTAL HEALTH TREATMENT. I AM NOT RECEIVING COUNSELING, THERAPY, TALK COMMUNICATION, SCHOOLING, PRISON JOB, ETC. I ATTEMPTED SUICIDE RECENTLY AND WAS IN THE UNIONTOWN HOSPITAL FOR TWO(2) DAYS DUE TO DEPRESSION, ANXIETY, HEARING VOICES AND LOCKED IN SOLITARY CONFINEMENT.

RELIEF: (1) COUNSELING/THERAPY WITH PSYCHOLOGIST; (2) PSYCH EVALUATION; (3) MENTAL HEALTH PROGRAM LIKE THE SPOT, OTU, BIVU, ETC.; (4) GO BACK WORK ZOOM VISITS WITH FAMILY, PHONE, TABLET, TV, COMMISSARY FOOD, ETC.; (5) TRANSFER ME AT RHY TO MENTAL HEALTH PROGRAM AND THEN RELEASED TO GENERAL POPULATION; (6) SCHOOL, PRISON JOB, ETC. (7) FOUR(4) HOURS OF WEEKLY MENTAL HEALTH TREATMENT. (8) \$1,000,000 COMPENSATORY DAMAGES.

THIS GRIEVANCE IS AGAINST J. BRIGITTE, SUPT. ARMYL, TIFFANY FACKLER ADA COORDINATOR

B. List actions taken and staff you have contacted, before submitting this grievance.

WROTE J. BRIGITTE, CHCA

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy    CANARY File Copy    PINK Action Return Copy  
GOLDEN ROD Inmate Copy

S.C.I. FAYETTE

OCT 03 2022

DC-ADM 804, Inmate Grievance System Procedures Manual  
Section 1 - Grievances & Initial Review

Issued: 1/26/2016  
Effective: 2/16/2016

Attachment 1-A  
SUPERINTENDENT ASSISTANT II

EX: #52**Initial Review Response**

SCI Fayette  
50 Overlook Drive  
La Belle, PA, 15450-1050

10/25/2022 02:22

Inmate Name:	MALDONDO, ANGEL	DOC #:	HS6238
Facility:	Fayette	Unit Location:	J/D 1021
Grievance #:	1000170		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

**Decision: Grievance Denied**

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

**Response:**

After reviewing the statements made in your grievance, it has been concluded, your grievance is being denied for the following reasons. The ADA accommodations you requested do not meet the ADA criteria guidelines per DC-ADM 006: Reasonable Accommodations for Inmates with Disabilities. In your grievance, you make claims you are being denied mental health treatment, however per your electronic health record, psychiatry and psychology have seen you numerous times since arriving at SCI Fayette per DOC policy 13.8.1 Section 2. ADA accommodation approvals and denials are made by the Bureau of Health Care Services and signed off by the Deputy Secretary Administration, Deputy Secretary of the Western Region and Legal. You are able to resubmit your request for ADA accommodations that meet the criteria outlined in DC-ADM 006: Reasonable Accommodations for Inmates with Disabilities. Your request for relief is denied.

**Signature:**
**Name:**

R. House

**Title:**

RUS

**Approver:**

R. House

**Date:**

10/25/22

CC: Facility Grievance Coordinator  
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances &amp; Initial Review, Attachment 1-D

Issued: 1/26/2016, Effective: 1/26/2016

HS6238 Grievance #: 1000170

MALDONDO, ANGEL

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SUPERINTENDENT ASSISTANT II



SCI  
INMATE APPEAL TO FACILITY MANAGER  
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
HS-6238	ANGEL MALDONADO	J-D-#1	10-28-22	1000170

I received my initial response from the Grievance Office/Coordinator on OCTOBER 27, 2022 and have the following appeal issues:

Refer to DC-ADM 804: Grievance Appeal Procedures for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

SINCE PETITIONER FILES THE ACCOMMODATIONS FOR INMATES WITH DISABILITIES REQUEST PETITIONER'S MENTAL DETERIORATION HAS INCREASED. PETITIONER WAS ADMITTED TO AN OUTSIDE HOSPITAL FOR A SUICIDE ATTEMPT. PETITIONER HAS BEEN PUT (PRESCRIBED) NEW ANTI-DEPRESSANT MEDICATION. PETITIONER HEARS A VOICE SPEAKING TO HIM TELLING HIM TO KILL HIMSELF. PETITIONER CAN HARDLY SLEEP. PETITIONER WROTE SEVERAL SUICIDE LETTERS. PETITIONER IS NOT RECEIVING FOUR(4) HOURS OF WEEKLY MENTAL HEALTH TREATMENT, ETC. PETITIONER IS BEING DENIED MORE FAMILY VISITS (ZOOM) WEEKLY, TV, TABLET, PHONE CALLS, ETC. TO HELP HIS DEPRESSION. PETITIONER IS BEING DENIED MENTAL HEALTH TYPE PROGRAM SUCH AS SRTU, BMU, ETC. PETITIONER IS BEING RETALIATED AGAINST FOR REFUSING TO PARTICIPATE IN THE STGMU WHICH IS A BIG PART OF WHY PETITIONER IS FALLING INTO A DEEP DEPRESSION AND NEVER HAVING MENTAL HEALTH ISSUES AND THIS ADDRESS RETALIATION IS CAUSING A DEEPER MENTAL DETERIORATION.

\*MY RELIEF REMAINS THE SAME AS OFFICIAL INMATE GRIEVANCE ("OIG")

CC: FILE

INMATE SIGNATURE: Angel Maldonado

EX: #52



# Facility Manager's Appeal Response

SCI Fayette  
50 Overlook Drive  
La Belle, PA, 15450-1050

11/01/2022 11:18

Inmate Name:	MALDONDO, ANGEL	DOC #:	HS6238
Facility:	Fayette	Unit Location:	J/D 1001
Grievance #:	1000170		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

## Decision: Uphold Response

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

## Response:

After careful evaluation of this grievance it has been determined the actions and response by the investigating grievance officer, will be upheld. In her response, RNS Kutek informed you it was determined your ADA request does not meet the ADA Criteria guidelines per DC-ADM 006. After reviewing your electronic health record it was determined you have been seen numerous times by psychiatry and psychology since arriving at SCI Fayette. You are being seen in compliance with Section 2 of the 13.8.1. While the process for an ADA application starts at the institution, it is reviewed by the Bureau of Health Care Services and signed off on by the Deputy Secretary Administration, Deputy Secretary of the Western Region and Legal. It has been determined your ADA request was appropriately handled by the institution. It has been determined the statements made by staff are credible.

Based on the above information, your appeal and requested relief are denied.

Signature:

Name

Title:

Date:

cc: DC-15  
File

*E. Armel*  
E. Armel  
Facility Manager  
11-1-22

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

Issued: 1/26/2016 Effective: 2/16/2016

HS6238 Grievance #: 1000170

MALDONDO, ANGEL

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EX: #52

INMATE APPEAL TO FINAL REVIEW  
GRIEVANCE

INMATE NUMBER	NAME	FACILITY	DATE	GRIEVANCE#
H9-6238	ANGEL MALDONADO	FAYETTE	11-9-22	1000170

I received my appeal from the Superintendent on 11-14-22 and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions. Appeals must relate to the issue presented in the initial grievance and 1<sup>st</sup> level appeal.

Please provide a BRIEF (no longer than two pages) appeal statement.

PSYCHIATRY HAS SEEN PETITIONER NO LONGER THEN FIVE(5) MINUTES AT DOOR VIOLATING PETITIONERS CONFIDENTIALITY. PETITIONER ARGUES THAT HE IS NOT RECEIVING PROPER MENTAL HEALTH TREATMENT 13.8.1 FOUR(4) HOURS OF OUT-OF-CELL MENTAL HEALTH TREATMENT. PETITIONER ATTEMPTED SUICIDE BY SWALLOWING THIRTY-EIGHT(38) ANTI-DEPRESSANT PILLS AND WAS SENT TO AN OUTSIDE HOSPITAL FOR OVER TWO(2) DAYS. PETITIONER IS MENTALLY DETERIORATING AND THIS IS A CRUX FOR SERIOUS MENTAL HEALTH TREATMENT.

MY REQUEST REMAINS THE SAME AS OFFICIAL INMATE GRIEVANCE.

cc: File

INMATE SIGNATURE: Angel Maldonado